FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700082027

1. Corporation Name

SUNRISE AUTO MART, INC.

Principal Place of Business	Mailing Address
1495 N.E. FEDERAL HWY	1495 N.E. FEDERAL HWY

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90156 044 ***150.00



Principal Place	e of Business	Mailing Address	·	
1495 N.E. FEDE		1495 N.E. FEDERAL HWY		
STUART FL 34994 STUART FL 34994			DO NOT WRITE IN THIS SPACE	
				Date Incorporated or Qualifed
				09/22/1997
2 Principal D	lace of Business	2a. Mailing Address		4. FEI Number 15_0285282 Applied Fo
— ·	Idde of Busiliess	26		APPLIED FOR Not Applic
Suite, Apt.	# etc	Suite, Apt. #, etc.		\$8.75 Additions
22	,, o.c.	27		5. Certificate of Status Desired Fee Required
City & Stat	te	City & State		6. Election Campaign Financing 55.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29 30		Personal Property Tax. Y Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered Agent
0.15	DI COLL I RECIBILE D		81 Name	
	RLOCK, VIRGINIA P		82 Street Addi	ress (P.O. Box Number is Not Acceptable)
	SOUTH KANNER HIGHWAY			
Siu	ART FL 34994		83	·
			84 City	85 Zip Code
				FL [
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	of Florida. Such change was auth	iorized by the corporati	poration submits this statement for the purpose of changing its register on's board of directors. I hereby accept the appointment as registered
SIGNATURE	•			
SIGIVATORE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE: Re	egistered Agent signature require	
12.	—:···	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN
TITLE	D	☐ DELĒTE	11 TITLE	Claige DA
NAME	PLANETA, BETTY		1.2 NAME	
STREET ADDRESS			1.3 STREET ADDRESS	
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		☐ DELETE	5.4 CITY-ST-ZIP	☐ Change ☐ Ar

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.